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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="border: 1px solid black; padding: 2px;">09/769878</div>	<small>FILING DATE</small> <div style="border: 1px solid black; padding: 2px;">01/25/01</div>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	<small>AS FILED</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>			<small>*</small>		<small>*</small>		<small>*</small>	
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>
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